
 EPA United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other Notification	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 70506-607		2. EPA Product Manager Venus Eagle	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SHENZI™ SC INSECTICIDE		PM# 1	
5. Name and Address of Applicant (Include ZIP Code) UPL NA Inc. 630 Freedom Business Center, Suite 402 King of Prussia, PA 19406 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No	
Section - II			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification - Explain below. </div> <div> <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Other - Explain below </div> </div>			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) See cover letter for additional details. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled </div>			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Jeanette A. Covert		Title Regional Regulatory Manager	Telephone No. (Include Area Code) 267-400-2766
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="text-align: center; border: 1px solid black; padding: 5px;">(Stamped)</div>
2. Signature 		3. Title Regional Regulatory Manager	
4. Typed Name Jeanette A. Covert		5. Date 6-30-2022	